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|  | | **Ausbildungsnachweis** | | | **Nummer: Ausbildungsjahr: KW:** | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name:** |  | | | **Abteilung:** | | |
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| **Montag:** | | | | | |  |
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| **Dienstag:** | | | | | |  |
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| Datum und Unterschrift Betreuer/-in Ausbilder/-in: | | | Datum und Unterschrift der/des Auszubildenden: | | | Gesamtstunden: |